

Indiana State Department of Health

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|---|---|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>004428</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>01/29/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LYND PLACE</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2410 E MCGALLIARD RD</b><br><b>MUNCIE, IN 47303</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| {R 000}   | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 12/3/15.</p> <p>Survey Dates: January 28 and 29, 2016</p> <p>Facility Number: 004428<br/>Provider Number: 004428<br/>AIM Number: N/A</p> <p>Residential Census: 47</p> <p>Sample: 3</p> <p>Lynd Place was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>QR completed by 11474 on January 29, 2016.</p> | {R 000}   |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE